

CITY OF HOUSTON
Department of Health and Human Services
Emergency Medical Services Program

Ambulance Service Permit Application Process

1. Applicant must provide a copy of the original EMS Provider License issued by the Texas Department of State Health Services that is obtainable at the following address:

5425 Polk Avenue, Suite J, Houston, TX 77023-1497 Telephone (713) 767-3333

2. Applicant must complete this City of Houston Ambulance Service Permit Application and submit the following:

- a) Evidence that the company is registered as a valid company. Copies of Articles of Incorporation (if incorporated) or a document showing the business is registered in Harris County will meet this requirement.
- b) Evidence of Liability Insurance coverage in compliance with Chapter 4, Section 4-15 of the City of Houston Code of Ordinances:

“Any person operating an ambulance service upon the streets of the city must secure a permit therefor from the health officer. Such applicant shall provide evidence to the health officer that he (*she*) has in full force for such calendar year a public liability insurance policy on each ambulance, such insurance policy to be issued by an insurance company which is authorized by law to do business in the state. Such policy shall provide liability insurance in the amount of not less than fifty thousand dollars (50,000.00) for any one accident and not less than twenty – five thousand (25,000.00) for injury to any one person. Such insurance policy shall not contain a passenger liability exclusion. Each policy shall contain a provision obligating the insurer to give to the health officer written notice of cancellation not less than ten (10) days prior to the date of any cancellation”.

- c) Evidence of adequate personnel coverage for each vehicle described within the fleet must be met by providing legible copies of the following:
 - Texas Driver License.
 - Texas Emergency Medical Technician Certificate basic or higher.
 - City of Houston Ambulance Driver Permit.
- d) Evidence meeting the requirements of all items listed on the Ambulance Service Permit Required Paperwork Checklist (see page # 6)
- e) A copy of the Medical Protocols with expiration date and original signature from a Medical Doctor Licensed in the State of Texas.

3. Upon completion of the Ambulance Service Permit Application, the applicant shall submit the appropriate fees along with the application. The current fees are as follows:

Initial Ambulance Service Permit	\$ 500.00
Renewal Ambulance Service Permit	\$ 200.00
Initial or Renewal Ambulance Inspection	\$ 160.00 each vehicle

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EMS Providers that fail to renew their Ambulance Service Permit will be required to apply for an **Initial Ambulance Service Permit** if the permit has expired in excess of ten calendar days.

The health officer will not perform the ambulance inspections unless the requestor is able to provide a valid City of Houston Ambulance Service Permit.

The City of Houston will send a Permit Renewal Reminder to each EMS Provider before the Ambulance Service Permit expires. The reminder will be sent to the mailing address provided by the EMS Provider. In some cases the reminder will be sent via fax, telephone call, e-mail, messenger service or any available method of communication. However, the absence of such a reminder does not in any way justify a company's failure to renew the permit in a timely manner. EMS Providers are strongly encouraged to keep the City of Houston updated about any changes within the company.

Incomplete applications will not be accepted. In order to ensure uninterrupted service to the public, EMS Providers must submit renewal applications 30 days prior to the Ambulance Service Permit expiration date.

4. When all the information provided in the application is verified, the health officer will issue a City of Houston Ambulance Service Permit that will be valid for 12 consecutive months.
5. After the Ambulance Service Permit has been issued, the Company's Director of Operations or designated employee shall make each ambulance unit available to the health officer for inspection.
6. Upon inspection, if the ambulance unit is in compliance, a City of Houston Ambulance Inspection Decal must be affixed to the rear right window or similar location so as to be clearly visible from a following vehicle. Each ambulance unit decal will expire concurrently with the Ambulance Service Permit.

This application may be downloaded from the following web address:

www.houstontx.gov/health/Forms/Ambulance.pdf

For additional information or inspection request, please use any of the following methods:

By mail: Houston Department of Health and Human Services
Emergency Medical Services Program
7411 Park Place Boulevard # 200
Houston, TX 77087

By phone: (713) 640-4370, Fax: (713) 640-4342.

By E-mail: ems.hdhhs@cityofhouston.net

CITY OF HOUSTON
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Emergency Medical Services Program

Ambulance Service Permit Application

To the Department of Health and Human Services of the City of Houston, Texas: In conformity with the City Ordinance, application for an Ambulance Service Permit is hereby submitted on behalf of the EMS Provider whose information is provided below:

Company full name _____

Mailing Address _____ Telephone _____

Fax # _____ E-mail address _____

Company Physical Address: _____

Owned by the following person(s):

Last and first name	Home address	Driver License #

Vehicle Liability Insurance provided by _____

Minimum amount per accident \$ _____ per person injured \$ _____

Policy # _____ Insurance Agent's Name _____

Medical Protocols signed by: _____

Medical License # _____ Business address _____

Telephone _____ Fax _____ E-mail _____

Director of Operations or agent responsible for the local operations of the company described above is: _____ Texas D. L. # _____

State of Texas
County of Harris

Signature of Claimant

Before me, a notary public, on this day personally appeared _____
known to me to be the person whose name is subscribed to the foregoing application and, being
by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public Seal

Notary Public Signature

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In conformity with City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed at the end of this page requests permission from the Director of the Houston Department of Health and Human Services to operate the following ambulance vehicles:

	Type	Year and Make	VIN Number	License Plate #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

EMS Provider Name

Date

CITY OF HOUSTON
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In conformity with City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed at the end of this page request permission from the Director of the Houston Department of Health and Human Services to staff its ambulances with the following employees:

Employee Name Last, First	EMT Level	Texas Driver's License #	Day Time Telephone Number	Driver's Permit #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

EMS Provider Name

Date

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Required Paper Work Checklist

Please mark (✓) next to the item once it has been added to application being submitted.

- () Document showing EMS Provider is registered in Harris County as a legal business or Copy of Articles of Incorporation (if incorporated).
- () Certificate of Auto Liability Insurance showing City of Houston as a Certificate holder.
- () Copies of Texas Driver License, Texas Emergency Medical Technician Certificate and Ambulance Driver Permit from ambulance personnel.
- () Copy of Medical Protocols with expiration date, printed name and original signature of Medical Director.
- () Application fee: \$ 500.00 if initial or \$ 200.00 if renewal application.
- () Copy of EMS Provider License issued by the Texas Department of State Health Services.
- () Inspection fee: \$160.00 each ambulance

Important Notice

Per City Ordinance Chapter 4, Sec 4-9 EMS Providers are required to **obtain permission** from the Houston Fire Department Dispatcher before running Emergency Lights and Sirens within the City of Houston.

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Vehicle Requirements

DPS inspection sticker	License plates
TDSHS License #	Two-way Radio or equivalent
Liability Insurance Card	Mounted Fire Extinguisher
No Smoking Signs (Cab and Pt. Area)	3 Road Warning Devices
Name of Company on both sides	Flashlight and Houston Key Map
Recent Edition Emergency Response Guide	Meets Vehicle Safety Standards (Horn, lights, signals, etc...)
Air Conditioner/Heater	

BLS Minimum Requirements

Multi-level Stretcher	Penlight
B/P Cuffs (adult, child, infant)	Signed BLS Protocols
Stethoscope	Oropharyngeal Airways
2 Bite Sticks	Oxygen delivery devices
12 Triangular bandages	4 Rolls of tape
60 sterile 4x4's	One dozen roller gauzes
2 Trauma Shears	Sterile O.B. Kit
Infant Insulating Device	4 sterile Burn Sheets
1 main and 2 portable oxygen cylinders	Portable suction device
Bag Valve Masks (adult, child, infant)	C-collar (adult, child, infant)
Traction Splint	6 Padded Splints (S, M, L) or equivalent
Long Backboard	KED or Short Board
Backboard straps or webbing	Sharps container
AED	
2 Blankets/2 sheets/2 pillows	

ALS Requirements

IV Fluids as per Protocols	IV Catheters as per protocols
Dextrose 50%	E T Tubes, KY, Stylets
Laryngoscope and Blades	Signed ALS Protocols
Specialized equipment	

MICU Requirements

Drugs with a complete list	Electrodes and Paper
Monitor/defibrillator	Signed MICU Protocols

Personnel Minimum Requirements

2 Texas Certified Emergency Medical Technicians Basics.

While providing service, EMT personnel must display a company issued Identification Card and must wear appropriate uniform.